OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*											
PHOTOS TAKEN OH-2 NO OH-3	LOCAL INFORMATION		22-49722									
OH-1P OTHER	REPORTING AGENCY NAME* JACKSON TWP PO	NUCE DEDAD		NCIC*	HIT/SKIP 1 - SOLVED	NUMBER OF UNITS	UNIT IN ERROR 98 - ANIMAL					
PRIVATE PROPERTY COUNTY* LOCALITY* LOCATION: CIT	17,6,2,4	CRASH DATE / TIME* CRASH SEVERITY										
76 3 1-CITY Lackson		10112022 1451 5 1-FATAL										
3-10WNSHIP CACKECITY	ROAD TYPE	2 - SERIOUS INJURY										
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	PORTAGE	ST	3 - MINOR INJURY									
4-WEST	D, MILEPOST, HOUSE #					SUSPECTED 4 - INJURY POSSIBLE						
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	4790	l	L		5 - PROPERTY DAMAGE ONLY							
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD	TYPE		INTERSECTION RELATED							
2 MILE POST 2 COUTU		AL - ALLEY HW - HI AV - AVENUE LA - LA	GHWAY	RD - ROAD SQ - SQUARE	WITHIN INTERSECTION OR ON APPROACH							
3- HOUSE # 3- EAST	I EDERAL OS ROOTE		ILEPOST	ST - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
	NUMBERED COUNTY ROUTE I	CR - CIRCLE OV - OV CT - COURT PK - PA	'AL RKWAY	TE - TERRACE TL - TRAIL	ROADWAY							
	NUMBERED TOWNSHIP ROUTE	DR - DRIVE PI - PI HE - HEIGHTS PL - PI	KE	WA - WAY	ROADWAY DIV	/IDED						
LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVER	1 - NO	ANNER OF CRASH COLL OT COLLISION 4 - REAF			DIRECTION OF TRAVEL MEDIAN TYPE 1 - NORTH 1 - DIVIDED FLUSH MEDIAN							
1. 0. 0	TI	ETWEEN 5-BACK WO MOTOR FHICLES IN 6-ANGL			2 - SOUTH	(< 4	<4 FEET) VIDED FLUSH MEDIAN					
4 - ON ROADSIDE 12 - SHARED U	SE PATHS OR TE	RANSPORT 7-SIDE	SWIPE, SA	ME DIRECTION	3 - EAST 4 - WEST	(≥4	(≥4 FEET)					
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE			SWIPE, 0P :R / UNKNO	POSITE DIRECTION DWN	3 - DIVIDED, DEPRESSED ME 4 - DIVIDED, RAISED MEDIAN							
7 - ON RAMP 14-TOLL BOOT 8 - OFF RAMP 99-OTHER / UN					(ANY TYPE) 9 - OTHER/UNKNOWN							
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF C	RASH IN W	ORK ZONE	CONTOUR	CONDITIONS	SURFACE					
1-		ETHE 1ST	T WORK ZONE	i i	į į	1 1 1						
LAW ENFORCEMENT PRESENT 2-3-	2 - ADVAN	ICE WARN		1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE						
4-	780F (78	3 - TRANSITION AREA 4 - ACTIVITY AREA			2 - WET 3 - SNOW	2 - BLACKTOP, BITUMINOUS,						
ACTIVE SCHOOL ZONE 5-	OTHER	5 - TERM	NATION A	REA	3 - CURVE LEVEL 4 - CURVE GRADE	4 - ICE	ASPHALT 3 - BRICK/BLOCK					
LIGHT CONDITION	WEAT					5 - SAND, MUD, DIR OIL, GRAVEL	, 4 - SLAG, GRAVEL,					
1 - DAYLIGHT 2 - DAWN/DUSK	1 - CLEAR 2 - CLOUDY		6 - SNOW 7 - SEVERE CROSSWINDS			6 - WATER (STANDI	STONE					
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED		BLOWING SAND, SOIL, DIRT, SNOW FREEZING RAIN OR FREEZING DRIZZLE			MOVING) 7 - SLUSH	9 - OTHER/UNKNOWN						
5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	99 - OTHER / UNKN				9 - OTHER/UNKNOW	NOWN					
9 - OTHER / UNKNOWN			III	1111			^					
NARRATIVE UNIT #1 WAS PARKED IN A MARKED S	NOT AT THE LICTED DI	ICINICO				4	Indicate the north direction with an "N" on the					
DRIVERLESS. UNIT #2 PROCEEDED T	O ATTEMPT TO PARK I	N THE					compass diagram.					
SPOT SOUTH OF UNIT #1. UNIT #2 SII DRIVER SIDE BUMPER, CAUSING DAM		_										
REVIEWED AND UNIT #2 WAS IDENTIFY REPORTING OFFICER. UNIT #2 WAS							_					
MAKE A STATEMENT. REPORTING OF	FICER ALSO OBSERVE						1 -					
ON UNIT #2 RELATED TO THE CRASH		_					 					
GM												
	-											
	-											
		F. 1	, .			, , , , , , , ,	1, 1, 1, 1, -					
CRASH REPORTED DATE / TIME	5040,0000,000,000,000,000 50	ARRIVAL DATE / TIME			DATE / TIME	REPORT TAKEN BY						
10112022 1451 101	12022 1454	1011202	2,1	45,9 [1,0,1,1,2,0,2,2	1558	POLICE AGENCY					
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUT		EN		CHECKED BY OFFI		MOTORIST SUPPLEMENT						
	TIAGGE, STEV			S, JASON D BY OFFICER'S BADGE NUMBER* SUPPLEMENT (CORRECTION OF TO AN EXISTING REPORT)								
	54 OFFICER'S I	_9_	1,5,0,									

52 - BUILDING

53 - TUNNEL

54 - OTHER FIXED OBJECT

99 - OTHER / UNKNOWN

POSTED SPEED

STRUCTURE

28 - BRIDGE PARAPET

30 - GUARDRAIL FACE

29 - BRIDGE RAIL

27 - BRIDGE PIER OR ABUTMENT

J FIRST HARMFUL EVENT

SUPPORT

40 - UTILITY POLE

41 - OTHER POST, POLE

OR SUPPORT

42 - CULVERT

46 - FENCE

48 - TREE

47 - MAILBOX

49 - FIRE HYDRANT

34 - MEDIAN GUARDRAIL

35 - MEDIAN CONCRETE

36 - MEDIAN OTHER BARRIER

BARRIER

BARRIER

2 - CALCULATED / EDR

3 - UNDETERMINED

99 - OTHER / UNKNOWN

29 - BRIDGE RAIL

30 - GUARDRAIL FACE

J FIRST HARMFUL EVENT

BARRIER

36 - MEDIAN OTHER BARRIER

OR SUPPORT

42 - CULVERT

49 - FIRE HYDRANT

OHIO DES	OHO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST						22-49722								
UNIT #	# NAME: LAST, FIRST, MIDDLE							DATE 0		AGE	GENDER				
0,1	PARKED, UNOCCUPIED												N		
ADDRESS:	S: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
010										1 1	11	 		1 1	
ADDRESS:	INJURED TAKEN BY	EMS AGENCY (NAME)	ME) INJURED TAKEN TO			: MEDICAL FACILITY	LITY (NAME, CITY) SAFETY EQUIPMENT USED		DOT-COMPLIANT MC HELMET		AIR BAG USA	AGE EJECTION	TRAPPED		
OL CLASS	ATE OPERATOR LICENSE NUMBER OFFEN:			SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION			CITATION NUMBER				
OL CLASS	S ENDORSEMENT RESTRICTION SELECT UPTO 3 DRIVER ALC				ALC	OHOL / DRUG SUSPI	L LLL ECTED	CONDITION		COHOL TE	ST		RUG TEST(S	5)	
	SELECT UPTO 2		DI BY	STRACTED /	=	LCOHOL MAI	RIJUANA	Service-Supplied Colorada y Service de P	STATUS	YPE \	VALUE S	STATUS TY	/PE RESUL	T SELECT UP TO 4	
UNIT #	NAME: LAST, F	FIRST MIDDLE			υ	THER DRUG				DATE 0	F BIRTH		AGE	GENDER	
02	RUTH, ELIZABETH J							111	ACCRETATION OF	942	1 1	79	F		
ADDRESS:	L STREET, CITY, ST	ATE, ZIP							CONTACT	PHONE - II	NCLUDE AREA CO	DE	<u> </u>	-11	
5507	STUBER	DR NW CANTON	OH 44	718							1			1 1	
5507 SINJURIES	INJURED TAKEN BY				TAKEN TO	D: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED O			DOT-COMPLIANT SEATING POSITION OF THE COMPLIANT OF THE CO			AIR BAG USA	AGE EJECTION	TRAPPED	
	OPERATOR L	ICENSE NUMBER	BER OFFENSE CHAI			RGED	LOCAL	OFFENSE DESC	RIPTION		<u> </u>	CITATION NUMBER			
OL STATE	******	*					CODE								
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		RIVER STRACTED		DHOL / DRUG SUSPI		CONDITION		YPE \			PE RESUL	T SELECT UPTO 4	
				1		THER DRUG				•_					
UNIT #	NAME: LAST, F	FIRST, MIDDLE	-							DATE 0	F BIRTH		AGE	GENDER	
											1 1 1			<u> </u>	
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT	PHONE - I	NCLUDE AREA CO	DE			
5 NJURIES	INJURED	EMS AGENCY (NAME)		INJURED	TAKENTO	: MEDICAL FACILITY	(NAME CITY)	SAFETY EQUIPMENT		SE	ATING POSITION	ATR RAG USA	AGE EJECTION	TRAPPED	
ADDRESS:	TAKEN BY				.,		(1711)	USED	MC HE	MPLIANT	1 1	AIR BAG 03A	202011011	I	
OL STATE	OPERATOR LICENSE NUMBER OFFEN						OFFENSE DESC	CRIPTION			CITATION NUMBER				
OL STATE						CODE									
≥ OL CLASS			RIVER STRACTED		DHOL / DRUG SUSPI LCOHOL MAI	ECTED RIJUANA	CONDITION		YPE Y			PE RESUL	T SELECT UP TO 4		
I					_ o	THER DRUG		ĭi		•_					
****	IRIES	SEATING POSITION		AIR BAG		OL CLAS	S	OL RESTRIC			DISTRACT		TEST ST	ATUS	
1 - FATAL 2 - SUSPECTED	SERIOUS INJURY	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DE 2 - DEPLO	EPLOYED YED FRONT				1 - ALCOHOL INTER 2 - CDL INTRASTAT				1 - NONE GIVEN GAN 2 - TEST REFUSED			
3 - SUSPECTED	MINOR INJURY 2 - FRONT - MIDDLE 3 - DEPLOYE			YED SIDE				3 - CORRECTIVE LE	DEVICE (TEXTING, TYP						
4 - POSSIBLE IN 5 - NO APPAREN	A SECOND LEETSIDE				BOTH FRONT / SIDE 4 - REGULAR CLASS 4 - FARM WAIVER CABLE (OHIO = D) 5 - EXCEPT CLASS				DIALING)			4 -TEST GIVEN RESULTS KNOWN			
	(MOTORCYCLE PASSENGER) 9 - DEPLOYMENT UNKNOWN			OWN	5 - M/C MOPED ONLY	A COMMUNICATION DEVIC			E TEAT ANIEN BEAULTA						
1 - NOT TRANSP	ORTED	4 CECOND DICHT CIDE			6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO	Therene on thin been			D CF				
/TREATED AT		7 - THIRD - LEFT SIDE EJECTION (MOTORCYCLE SIDE CAR)				OL ENDORSEMENT 8-INTERMEDIATE			LICENSE 5 - OTHER ACTIVITY WITH A			ALCOHOL TEST TYPE			
2 - EMS 3 - POLICE		8 - THIRD - MIDDLE	1 - NOT EJECTED 2 - PARTIALLY EJECTED		H - HAZMAT M - MOTORCYCLE			ELECTRONIC DEVICE RMIT 6 - PASSENGER			2 - BL00D				
9 - OTHER / UNK	CNOWN	OWN 9-THIRD-RIGHT SIDE 3-TOTALLY EJECTED			P - PASSENGER	P - PASSENGER RESTRICTIONS			7 - OTHER DISTRACTION			3 - URINE			
SAFETY E	10 - SLEEPER SECTION 4 - NOT APPLICABLE OF TRUCK CAB				N - TANKER 10 - LIMITED TO DAY			0. 071150 01070 1071011 011			4 - BREATH ITSIDE 5 - OTHER				
1 - NONE USED	11 PASSENCED IN OTHER			Q - MOTOR SCOOTER R - THREE-WHEEL MO	OR SCOOTER 11 - LIMITED TO LIMITE			R THE VEHICLE			DRUG TEST TYPE				
	R BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOTTRAPPED				S - SCHOOL BUS 13 - MECHANICAL D (SPECIAL BRAK						1 - NONE				
	DER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED MECHAI		NICAL MEANS 1 - DOUBLE & TRIPLE TRAILERS X - TANKER / HA7MAT			CONTROLS, OR OTHER ADAPTIVE DEVICES)		CONDITION 1 - APPARENTLY NORMAL			2 - BLOOD				
	D RESTRAINT SYSTEM – CARGO AREA 3 - FREED MARD FACING 13 - TRAILING UNIT NON-ME			CHANICAL MEANS			14 - MILITARY VEHICLES ONLY		2 - PHYSICAL IMPAIRMENT			3 - URINE 4 - OTHER			
6 - CHILD RESTI	ESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR			GENDER F-FEMALE			15 - MOTOR VEHICLES WITHOUT AIR BRAKES		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		SSED,				
REAR FACING 7 - BOOSTER SE				M - MALE				16 - OUTSIDE MIRROR		4 - ILLNESS		1 - AMPHETAMINES			
8 - HELMET US	OF ATUEN CONTROL OF				U - OTHER / UNKNOWN						5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		2 - BARBITURATES		
	PROTECTIVE PADS USED ELBOW, KNEES, ETC.)							TO- UINER		6 - UNDER THE INFLUENCE		Δ.	3 - BENZODIAZEPINES 4 - CANNABINOIDS		
10 - REFLECTIVE										/ALCOHOL 5-0			COCAINE		
11 - LIGHTING - I / BICYCLE ON	NG – PEDESTRIAN							9 - OT			- OTHER / UNKNOWN 6 - OPIAT				
99 - OTHER / UNK													NEGATIVE RESU	ILTS	

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